Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

500 Pearl	l Street, New York, N.Y. 100	007-1213			
	Date:				
	In Re:				
		-v-			
	Case #:		()	
Dear Litigant,					
Enclosed is a copy of the judgm	nent entered in your case.				
Your attention is directed to Rule that if you wish to appeal the judgment date of entry of the judgment (60 days i party).	in your case, you must file a	a notice of ap	peal wi	thin 30 days o	f the
If you wish to appeal the judgm within the required time, you may make of Fed. R. App. P. 4(a)(5). That rule refailure to file your notice of appeal with other parties and then filed with the Pro S (90 days if the United States or an office	e a motion for an extension of equires you to show "excusa in the time allowed. Any suc Se Office no later than 60 day	f time in according to the first from the days from the da	ordance or "gooust first ate of en	with the provi od cause" for y be served upon	ision your n the
The enclosed Forms 1, 2 and 3 them if appropriate to your circumstance		ons, and you	may ch	oose to use or	ne of
The Filing fee for a notice of ap the "Clerk of the Court, USDC, SDNY" accepted.			-		
	J. Michae	l McMahon	, Clerk	of Court	
	by:				
			, Depi	ıty Clerk	

APPEAL FORMS

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

		X			
			NOTIC	CE OF APPEAL	
-V-					
		X	civ.	()	
Notice is hereby given th	at		(party)		
hereby appeals to the United State	es Court o	f Appeals for		it from the Judgme	nt [describe it
entered in this action on the		day of			
entered in this action on the	(day)		(month)	(year)	
				(Signature)	
				(Address)	
			(City, Sta	ate and Zip Code)	
Date:			() <u>(Tel</u>	ephone Number)	

<u>Note</u>: You may use this form to take an appeal provided that it is <u>received</u> by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 1

APPEAL FORMS

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

	X				
-V-		TION FOR E			
	 X	civ.	()	
Pursuant to Fed. R. App. P. 4(a)(5),		(party)			_ respectfully
requests leave to file the within notice of appeal of desires to appeal the judgment in this action enter notice of appeal within the required number of day [Explain here the "excusable neglect" or "good cause"	red on	(day)	file a notic	_ but f	rty) failed to file a
required number of days.]					
		(%)	gnature)		
		(31)	gnature)		
		(Ad	ldress)		
		(City, Sta	te and Zip (Code)	
Date:	()(Telepho	 one Number	·)	

<u>Note</u>: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be <u>received</u> in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

FORM 2

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

	X			
-V-	NOTICE OF APPEAL AND MOTION FOR EXTENSION OF TIME			
	civ. ()			
	(party) Circuit from the judgment entered on			
	d in the Clerk's office within the required time fully requests the court to grant an extension of time in			
a. In support of this request,	states that (party)			
	and that this form was mailed to the late)			
	(Signature)			
	(Address)			
	(City, State and Zip Code)			
Date:	() (Telephone Number)			

<u>Note</u>: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the District Court will <u>receive</u> it within the 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 3

Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

	Y
-V-	AFFIRMATION OF SERVICE
	civ. ()
Ι,	, declare under penalty of perjury that I have
served a copy of the attached	
upon	
whose address is:	
Date:	
Date:New York, New York	
	(Signature)
	(Address)
	(City, State and Zip Code)

FORM 4